

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number K50007246846	2. Page 1 of 1	3. Emergency Response Phone (800) 483-3718	4. Manifest Tracking Number 007503812 FLE								
5. Generator's Name and Mailing Address Clean Harbors Kansas LLC 2549 North New York Street Wichita, KS 67219				Generator's Site Address (if different than mailing address) SAME									
Generator's Phone: (316) 289-7400													
6. Transporter 1 Company Name US Bulk Transport Inc				U.S. EPA ID Number PAD987347515									
7. Transporter 2 Company Name				U.S. EPA ID Number									
8. Designated Facility Name and Site Address Clean Harbors Lone Mountain LLC 40355 S County Road 236 Wavoka, OK 73860				U.S. EPA ID Number OKD065438376									
Facility's Phone: (580) 697-3500													
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes						
			No.	Type									
	x	1. HA3077. HAZARDOUS WASTE. SOLID. N.O.S. (F001. F003). PG III	1	D7	EST 16	Y	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">F001</td> <td style="width:33%;">F002</td> <td style="width:33%;">F003</td> </tr> <tr> <td>F004</td> <td>F005</td> <td></td> </tr> </table>	F001	F002	F003	F004	F005	
	F001	F002	F003										
	F004	F005											
	2.												
	3.												
	4.												
14. Special Handling Instructions and Additional Information 1. CH821502X08 ERG#171 TR# 386-2 TL# 90922													
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.													
Generator's/Offor's Printed/Typed Name Jim Tyson				Signature <i>[Signature]</i>		Month Day Year 12 / 4 / 14							
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____												
	17. Transporter Acknowledgment of Receipt of Materials												
	Transporter 1 Printed/Typed Name Tom Krauer				Signature <i>[Signature]</i>		Month Day Year 12 / 04 / 14						
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name				Signature		Month Day Year						
	18. Discrepancy												
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection												
	Manifest Reference Number:												
	18b. Alternate Facility (or Generator)				U.S. EPA ID Number								
Facility's Phone:													
18c. Signature of Alternate Facility (or Generator)							Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)													
1. H132		2.		3.		4.							
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a													
Printed/Typed Name				Signature		Month Day Year							

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	Transporter signature (for exports only): _____							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Tom Krauer				Signature 		Month Day Year 12 04 14	
	Transporter 2 Printed/Typed Name				Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
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	18b. Alternate Facility (or Generator)							
	Facility's Phone: _____							
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	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
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	Printed/Typed Name Cindy Bradford				Signature 		Month Day Year 12 4 14	